

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SNT		/ / /
O.I.P.E. CLASSIFIER		10	1 / /
FORMALITY REVIEW	CF	71555	2-9-99

4-15-97

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	2 7 6 3 10 2 4
2	N	N	00 00 02 02 03 03
3	N	N	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	N	N	NN
21	✓	✓	✓
22	✓	✓	✓
23	N	N	N
24	✓	✓	✓
25	N	N	N
26	N	✓	✓
27	N	N	N
28	N	N	N
29	✓	✓	✓
30	N	N	NNN
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45	N		
46	-	NNNN	
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	-	✓	✓
52	✓	✓	✓
53	N	N	N
54	✓	✓	✓
55	✓	✓	✓
56	N	N	N
57	✓	✓	0
58	N	N	N
59	✓	✓	✓
60	✓	M	N
61	N	N	N
62	✓	✓	✓
63	✓	✓	✓
64	N	N	N
65	✓	✓	✓
66	✓	✓	✓
67	✓	✓	✓
68	N	N	N
69	✓	✓	✓
70	✓	✓	✓
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95	N	N	N
96	-	✓	✓
97	-	✓	✓
98	N	N	N
99	-	✓	✓
100	N	N	N

Claim	Final	Original	Date
101			10 2 9
102			02 03 03
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY